

Application Data Sheet

JC20 Rec'd PCT/PTO 26 MAY 2005

**Application Information**

**Application Type::** Regular  
**Subject Matter::** Utility  
**Suggested classification::** None  
**Suggested Group Art Unit::** None  
**CD-ROM or CD-R?::** None  
**Computer Readable Form (CRF)?::** No  
**Title::** MEDICAL TREATMENT CONTROL  
SYSTEM  
**Attorney Docket Number::** 355908-8251  
**Request for Early Publication?::** No  
**Request for Non-Publication?::** No  
**Suggested Drawing Figure::** 1  
**Total Drawing Sheets::** 20  
**Small Entity?::** Yes  
**Petition included?::** No  
**Secrecy Order in Parent Appl.?::** No

**Applicant Information**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** Malaysia  
**Status::** Full Capacity  
**Given Name::** Bernard C.B.  
**Family Name::** LIM  
**City of Residence::** Oakville  
**State or Province of Residence::** ON  
**Country of Residence::** Canada

**Street of mailing address::** 2336 Valley Forest Way  
**City of mailing address::** Oakville  
**State or Province of mailing address::** ON  
**Country of mailing address::** Canada  
**Postal or Zip Code of mailing address::** L6H 6W8

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** Canada  
**Status::** Full Capacity  
**Given Name::** Taras  
**Family Name::** WORONA  
**City of Residence::** Etobicoke  
**State or Province of Residence::** ON  
**Country of Residence::** Canada  
**Street of mailing address::** 6 Sapling Court  
**City of mailing address::** Etobicoke  
**State or Province of mailing address::** ON  
**Country of mailing address::** Canada  
**Postal or Zip Code of mailing address::** M9C 1K9

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** Canada  
**Status::** Full Capacity  
**Given Name::** Davis A.R.  
**Family Name::** KANBERGS  
**City of Residence::** Milton  
**State or Province of Residence::** ON  
**Country of Residence::** Canada  
**Street of mailing address::** 643 Clover Park Crescent  
**City of mailing address::** Milton  
**State or Province of mailing address::** ON

<b>Country of mailing address::</b>	Canada
<b>Postal or Zip Code of mailing address::</b>	L9T 4T7
<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	Canada
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Mark P.
<b>Family Name::</b>	COSTA
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<b>State or Province of Residence::</b>	ON
<b>Country of Residence::</b>	Canada
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<b>State or Province of mailing address::</b>	ON
<b>Country of mailing address::</b>	Canada
<b>Postal or Zip Code of mailing address::</b>	L9T 5M4
<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	China
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Hao
<b>Family Name::</b>	CHEN
<b>City of Residence::</b>	Mississauga
<b>State or Province of Residence::</b>	ON
<b>Country of Residence::</b>	Canada
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<b>City of mailing address::</b>	Mississauga
<b>State or Province of mailing address::</b>	ON
<b>Country of mailing address::</b>	Canada
<b>Postal or Zip Code of mailing address::</b>	L5K 1G8

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** Canada  
**Status::** Full Capacity  
**Given Name::** Roy T.  
**Family Name::** ZHAO  
**City of Residence::** Brampton  
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**Country of mailing address::** Canada  
**Postal or Zip Code of mailing address::** L6R 1R9

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** Canada  
**Status::** Full Capacity  
**Given Name::** Gabriele  
**Family Name::** KLEIN  
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**City of mailing address::** Mississauga  
**State or Province of mailing address::** ON  
**Country of mailing address::** Canada  
**Postal or Zip Code of mailing address::** L5M 5Z7

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** South Africa  
**Status::** Full Capacity

**Given Name::** Kathleen  
**Family Name::** CHANCELLOR-MADDISON  
**City of Residence::** Mississauga  
**State or Province of Residence::** ON  
**Country of Residence::** Canada  
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**City of mailing address::** Mississauga  
**State or Province of mailing address::** ON  
**Country of mailing address::** Canada  
**Postal or Zip Code of mailing address::** L5M 5Z7

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** David G.  
**Family Name::** MATSUURA  
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**State or Province of Residence::** CA  
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**Postal or Zip Code of mailing address::** 92024

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Philip J.  
**Family Name::** SIMPSON  
**City of Residence::** Escondido  
**State or Province of Residence::** CA

**Country of Residence::** US  
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**State or Province of mailing address::** CA  
**Postal or Zip Code of mailing address::** 92025

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Walter D.  
**Family Name::** GILLESPIE  
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**State or Province of Residence::** CA  
**Country of Residence::** US  
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**State or Province of mailing address::** CA  
**Postal or Zip Code of mailing address::** 92109

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** Great Britain  
**Status::** Full Capacity  
**Given Name::** John N.  
**Family Name::** MITCHELL  
**City of Residence::** Goffs Oak  
**Country of Residence::** Great Britain  
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Goffs Oak  
Hertfordshire EN7 5NX  
**Country of mailing address::** Great Britain

**Correspondence Information****Correspondence Customer Number::** 38706**E-Mail address::** PTOMailSiliconValley@foley.com**Representative Information****Representative Customer Number::** 38706**Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	National Stage of	PCT/CA2003/001838	11/26/2003
PCT/CA2003/001838	An application claiming the benefit under 35 USC 119(e)	60/428,942	11/26/2002
PCT/CA2003/001838	An application claiming the benefit under 35 USC 119(e)	60/464,659	4/23/2003
PCT/CA2003/001838	An application claiming the benefit under 35 USC 119(e)	60/482,725	6/27/2003

**Foreign Priority Information**

<b>Country::</b>	<b>Application number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

**Assignee Information****Assignee Name::** Vasogen Ireland Limited